

SPECIALTY QUALIFICATION TRAINING CARD
LIAISON OFFICER

NAME (Last, First, MI)	CAPID	DATE ISSUED
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Prerequisites

Item	Date Completed
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Qualified GES	
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At least 18 years of age	
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The above listed member has completed the required prerequisite training for issuance of the CAPF 101T-LO.

UNIT/WING/REGION COMMANDER OR
AUTHORIZED DESIGNEE'S SIGNATURE

DATE

Familiarization and Preparatory Training

Task	Trainer's CAPID and Date Completed
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Demonstrate knowledge of principles and features of ICS	
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Demonstrate knowledge of the ICS Organization	
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Demonstrate knowledge of incident facilities	
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Demonstrate knowledge of incident resources	
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Demonstrate knowledge common responsibilities in ICS	
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Demonstrate knowledge of organization and staffing	
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Demonstrate knowledge of organizing for incidents & events	
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Demonstrate knowledge of incident resources management	
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Demonstrate knowledge of air operations	
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Demonstrate knowledge of incident and event planning	
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Demonstrate knowledge of the responsibilities and issues of the command and general staff	
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Demonstrate knowledge of unified command	
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Demonstrate knowledge of major incident management	
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Demonstrate knowledge of area command	
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The above listed member has completed the required familiarization and preparatory training requirements for the Liaison Officer specialty qualification and is authorized to serve in that specialty while supervised on training or actual missions.

UNIT/WING/REGION COMMANDER OR
AUTHORIZED DESIGNEE'S SIGNATURE

DATE

CAPF 101T-LO, MAY 01

OPR/ROUTING: DOS

PREVIOUS EDITION (101T, OCT 95) WILL NOT BE USED AFTER 31 OCTOBER 2001

Advanced Training

Task	Trainer's CAPID and Date Completed
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Demonstrate the ability to keep a log	
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Demonstrate the ability to coordinate external agency requests	
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Complete Basic Communications User Training	
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Complete Task L-0001 (Basic Communications Procedures for ES Operations)	
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Complete the current continuing education examination for liaison officers	
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Exercise Participation

The above listed member satisfactorily participated as a Liaison Officer trainee under my direct supervision on mission number _____.

QUALIFIED SUPERVISOR'S SIGNATURE

DATE

The above listed member satisfactorily participated as a Liaison Officer trainee under my direct supervision on mission number _____.

QUALIFIED SUPERVISOR'S SIGNATURE

DATE

Unit Certification and Recommendation

The above listed member has completed the requirements for the Liaison Officer specialty qualification and is authorized to serve in that specialty on training or actual missions. This document can be used in lieu of a CAPF 101 until a new CAPF 101 is received reflecting your upgraded specialty.

UNIT/WING/REGION COMMANDER OR
AUTHORIZED DESIGNEE'S SIGNATURE

DATE

CAPF 101T-LO, MAY 01 REVERSE